F98000000334/

To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: Emerald Coast Enterprises, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Joan J. Navara
(Name of Person)
Emerald Coast Enterprises, Inc.
(Firm/Company)
P.O. Box 2477
(Address)
Flagler Beach, Fk 32136 (City/State/Zip)
(City/State/Zip)
600002498016
Should you need to call someone concerning this matter, please call: +04/23/9801005 ******78.75 ******78.75
Joan J. Navara at (904) 439-4390
(Name of Person) (Area Code & Daytime Telephone Number)
COURIER ADDRESS: MAILING ADDRESS: DE SE
Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations
DO Do 6227 17:-5
Tallahassee, FL 32399 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	<u></u>
Address:	ASE SEC
	APR APR
Vice Chairman:	<u> </u>
Address:	
Director:	>
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Joan J. Navara	
Address: P.O. Box 2477	
1442 N. Central Ave. Flagler Beach	FL 32/36
Vice President: Joan J. Navara	
Address:	
Secretary: Joan J. Navara	
Address:	
Treasurer: Joan J. Navara	
Address:	
NOTE: If necessary, you may attach an addendam to the application listing additional	officers and/or directors.
13(Signature of Chairman, Vice Chairman, or any officer listed in numb	er 12-of the application)
(Signature of Chairman, Vice Chairman, of any officer fisted in number 14	President
14. (Typed or printed name and capacity of person signi	

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EMERALD COAST ENTERPRISES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS DOFFICE SHOW, AS OF THE SIXTH DAY OF APRIL,

A.D. 1998.

38 APR 23 AM 88 15



Edward J. Freel, Secretary of State

DATE:

- AUTHENTICATION:

9013614

04-06-98

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